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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N46074** **(3)**

1. Corporation Name

NORTHWEST MIAMI CHAPTER #4686 OF AMERICAN ASSOCI ATION OF RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
HADLEY PARK 1300 NW 50TH ST. MIAMI FL 33142	3121 ELIZABETH ST. MIAMI FL 33133 US

3. Date Incorporated or Qualified: 11/15/1991

4. FEI Number: 00-1070523 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 2501 NW 55 Terr.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 Miami, Fl.
24 Zip / 25 Country	29 33142 / 30 U.S.A.

9. Name and Address of Current Registered Agent

SANDS, ELRY T
3121 ELIZABETH ST.
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name: Eloise Johnson
82 Street Address (P.O. Box Number is Not Acceptable): 2507 N.W. 55 Terr.
83
84 City: Miami, FL 85 Zip Code: 33142

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Eloise S. Johnson — DATE: April 13, 1998
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SANDS, ELRY T 2121 ELIZABETH ST. MIAMI FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Johnson, Eloise 2501 N.W. 55 Terr. Miami, Fl. 33142	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MARKS, RUDOLPH 1754 N.W. 49 ST. MIAMI FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VPD HEIDT, ELLEN 5621 N.W. 19th Ave Miami, Fl. 33142	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD JOHNSON, ELOISE 2501 N.W. 55 TERR. MIAMI FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VPD OLIVER, Lois, H. 9125 N.W. 13th Ave Miami, Fl 33147	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Sec. Willie Mae Gibson 9750 N.W. Little Riv. Blvd Miami, Fl. 33147	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Willie Mae Gibson 4/13/98 305-835-8084